

PUBLIC VOUCHER FOR PURCHASES AND
SERVICES OTHER THAN PERSONAL

D. O. Vou. No. _____

Bu. Vou. No. _____

2428

U. S. COST REIMBURSABLE

(Department, bureau, or establishment)

Voucher prepared at _____

(Give place and date)

THE UNITED STATES, Dr.,

Payee's Account No. _____

To _____

(Payee)

PAID BY

Encl # 14
997-2422-59
COPY 1 OF 2

(Address)		(City)	(State)	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)		UNIT PRICE		AMOUNT	
No. and Date of Order	Date of Delivery or Service	Discount Terms			QUANTITY	Cost	Per	Dollars	Cts.
						Total			
		Cost						\$3,367	77

PAYMENT:

Complete ☐
Partial ☐
Final ☐

Use continuation sheet(s) if necessary

Shipped from _____ to _____ Weight _____ Government B/L No. _____ Total \$3,367.77

I certify that the above bill is correct and just and that payment has not been received.

(Sign original only)

(Payee must NOT use this space)

Differences _____

Amount verified; correct for
(Signature or initials) *EL*

\$3,367.77

Date 3-31-59

Per _____

Title _____

Contract No. _____

Date _____

Req. No. _____

Date _____

Invoice Rec'd. _____

Pursuant to authority vested in me, I certify that this account is correct and proper for payment.

† Approved for \$ _____

† _____

(Authorized Certifying Officer)

By _____

SIGN
ORIGINAL
ONLY

Title _____

Title _____

Date _____

THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM

ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional)

Paid by { Check No. _____ dated _____, 19____, for \$ _____ (on Treasurer of the United States in favor of
Cash, \$ _____, on _____, 19____ Payee _____ (payee named above.)
(Sign original only)

* When a voucher is signed or receipted in the name of a company or corporation, the name of the person writing the company or corporate name, as well as the company in which he signs, must appear. For example: "John Doe Company, per John Doe, Secretary." If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign the voucher and the certifying officer will sign the voucher over his official title.

Per _____

Title _____

STATOTHR

SUPP# SUPPLIER NAME
235 TEKTRONIX INC

NO DY CHECK# INVOICE P O ACC ODC MJO SO WK ODR AMOUN BATCH TR M G Y
325232 8029 12501 1 3032 14 22000 79 0 3 17 9

22000 442

SUPP#	SUPPLIER NAME	MO	BY	CHECKS	INVOICE	P	O	ACC	ODC	WJO	SO	WK	QDR	AMOUN	BATCH	TR	M	D	Y
290	RADIO PRODUCTS SAL													48	75	0	3	17	9
290	RADIO PRODUCTS SAL													809	75	0	3	17	9
1893	WILEY BALANCING SE													625	76	0	3	17	9
3744	GRACE ROBERTS													1482					
		16256			4022			12501	6	2032	26			2208					
														2208	*				

1690 **

SUPP	SUPPLIER NAME	NO BY CHECK#	INVOICE	P O	ACC	DOC	MJO	SO	WK	ORDR	AMOUN	BATCH	TR M	D Y
290	RADIO PRODUCTS, SAU		31179	46146	12501	1	3032	21			428		TS 0	3 17 9

428 **

428 *

SUPP# SUPPLIER NAME
291 LITTON INDUSTRIES

NO BY CHECKS INVOICE P O ACC ODC HJO SO WK QROM

29-210 42675 12501 I 3044 07

WKLY PURCH DIST 3/22/59

AMOUN BATCH TR M D Y

213147 09 0 3 19 9

213147 **

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